

Technology Sciences Group Inc.

1150 18th Street, N.W.
Washington, DC 20036
Direct: (202) 828-8998
E-Mail: lisa.amadio@tsgconsulting.com
Lisa M. Amadio
Principal Regulatory Consultant



a science group company

March 23, 2020

Document Processing Desk (AMEND)
Attn: Eric Miederhoff, PM31
Office of Pesticide Programs (7510P)
U.S. Environmental Protection Agency
One Potomac Yard, Rm. S4900
2777 S. Crystal Drive
Arlington, VA 22202

ELECTRONIC SUBMISSION

Eric,

Subject: CSF Amendment for Bio-Protect AM500, EPA Reg. No. 87583-2

Technologies Sciences Group, Inc. (TSG) on behalf of PureShield, Inc. is requesting a CSF Amendment for Bio-Protect AM500, EPA Reg. No. 87583-2. This CSF amendment is to correct the calculations of the active percentage of the Basic, update the suppliers of the active ingredients and request an alternate CSF for the addition of [REDACTED]. Also enclosed is an updated Formulator's exemption form listing the updated registered sources of active.

The following materials are enclosed in support of this amendment:

- An Application Form (EPA Form 8570-1).
- One (1) copy of the updated CSFs (EPA Form 8570-4).
- One (1) copy of the Formulator's Exemption Form (EPA Form 8570-27)

If you have any questions regarding this CSF amendment, please don't hesitate to contact me at 202-828-8998 or lisa.amadio@tsgconsulting.com

Regards,

A handwritten signature in blue ink that reads "Lisa M. Amadio".

Lisa M. Amadio
Principal Regulatory Consultant
Agent for PureShield, Inc.

Enclosures

Washington, D.C.
1150 18th St., NW, Suite 1000
Washington, D.C. 20036
Phone: (202) 223-4392

California
980 9th Street, Suite 400
Sacramento, CA 95814
Phone: (530) 601-5051

Canada
275 Slater St., Suite 900
Ottawa, Ontario K1P 5H9
Phone: (613) 247-6285



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☒ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 87583-2	2. EPA Product Manager E. Miederhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Bio-Protect AM500	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) PureShield, Inc. 230 S. Broad Street, Suite 1201 Philadelphia, PA 19102 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3 (c) (3) (b) (i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section - II

<input checked="" type="checkbox"/> Amendment - Explain below	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional Page(s) if necessary. (For section I and Section II)

CSF Amendment: 1) Correct calculations on Basic for percent active; 2) Updated suppliers of active ingredients; and 3) Requested alternate CSF with

Contact: Lisa M. Amadio, lisa.amadio@tsqconsulting.com, 202.828.8998

Section - III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Packaging wgt. No. per Container	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Package wgt. No. Per Container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted			
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container	5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted if necessary to process this application.)			
Name Lisa M. Amadio	Title Principal Regulatory Consultant	Telephone No. (Include Area Code) 202-828-8998	
Certification I certify that the statements which I have made on this form and all attachments are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 	3. Title Agent for PureShield, Inc.		
4. Typed Name Lisa M. Amadio	5. Date 3-20-20		



United States
Environmental Protection Agency
Washington, D.C. 20460
Formulator's Exemption Statement
(40 CFR 152-85)

Applicant's Name and Address PureShield, Inc. 230 S. Broad Street, Suite 1201 Philadelphia, PA 19102	EPA File Symbol/Registration Number 87583-2
	Product Name Bio-Protect AM500
	Date of Confidential Statement of Formula (EPA form 8570-4) 3-20-20

As an authorized representative of the applicant for registration of the product identified above, I here certify that:

(1) This product contains the following active ingredient(s):

Sodium Hypochlorite

(2) Of these, each active ingredient listed in paragraph (4) is present solely as the result of the use of that active ingredient in the manufacturing, formulation or repackaging of another product which contains that active ingredient which is registered under FIFRA Section 3, is purchased by us from another person and meets the requirements of 40 CFR section 158.50(e)(2) or (3).

(3) Indicate by checking (A) or (B) below which paragraph applies:

☐ (A) An accurate Confidential Statement of Formula (EPA Form 8570-4) for the above identified product is attached to this statement. That formula statement indicate, by company name, registration number, and product name, the source of the active ingredient(s) listed in paragraph (1).

OR

☒ (B) The Confidential Statement of Formula (CSF) (EPA Form 8570-4) referenced above and on file with the EPA is complete, current, and accurate and contains the information required on the current CSF.

(4) The following active ingredient in this product qualify for the formulator's exemption.

Source		
Active Ingredient	Product Name	Registration Number
1-Octadecanaminium, N,N-dimethyl-N-[3-(trimethoxysilyl)propyl], chloride		
Signature 	Name and Title Lisa M. Amadio Principal Reg. Consultant for PureShield	Date 3-20-20